

TACTICAL RESPONSE REPORT/Chicago Police Department

MEMBER INVOLVED <input type="checkbox"/> DNA	1. DATE OF INCIDENT 19-JUL-2015		TIME 03:56:00		2. ADDRESS OF OCCURRENCE 2336 W 21ST ST CHICAGO, IL 60608				3. LOCATION CODE 303		4. BEAT/OCCUR 1234		
	5. POSITION 9161	6. LAST NAME MIKHAIL	7. FIRST NAME ZAYA E	8. STAR NO. 12044	9. SEX <input checked="" type="checkbox"/> M <input type="checkbox"/> F	10. RACE CODE WHI	11. AGE 600	12. HT. 215	13. WT.				
	14. DATE OF APPT. 05-DEC-2005	15. EMPLOYEE NO. [REDACTED]	16. UNIT & BEAT OF ASSIGNMENT 012 1231R	17. DUTY STATUS <input checked="" type="checkbox"/> 01 On <input type="checkbox"/> 02 Off <input type="checkbox"/> 01 Yes <input checked="" type="checkbox"/> 02 No	18. MEMBER INJURED? <input type="checkbox"/> 01 Yes <input checked="" type="checkbox"/> 02 No	19. MEMBER IN UNIFORM? <input type="checkbox"/> 01 Yes <input checked="" type="checkbox"/> 02 No							
	20. LAST NAME VILLANUEVA	21. FIRST NAME MANUEL	22. M.I. [REDACTED]	23. SEX <input checked="" type="checkbox"/> M <input type="checkbox"/> F	24. RACE WWH	25. D.O.B. [REDACTED]	26. HT. 505	27. WT. 135					
	28. ADDRESS [REDACTED]	29. TELEPHONE NO. [REDACTED]	30. WAS SUBJECT ARMED? <input checked="" type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No	31. SUBJECT INJURED? <input checked="" type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No	32. SUBJECT ALLEGED INJURY? <input checked="" type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No								
	33. WHERE WAS MEDICAL TREATMENT OBTAINED? COOK COUNTY HOSPITAL - STROGER HOS	34. BY WHOM? [REDACTED]	35. CONDITION <input checked="" type="checkbox"/> 03 Hospitalized <input type="checkbox"/> 04 Not Hospitalized <input type="checkbox"/> 05 Refused Medical Aid	36. CHARGES PLACED ONA	37. CB NO. 19154094	IR NO.							
	REASON FOR USE OF FORCE (Check all that apply) <input type="checkbox"/> DNA	38. SUBJECT'S ACTIONS DID NOT FOLLOW VERBAL DIRECTION <input checked="" type="checkbox"/> STIFFENED (DEAD WEIGHT) <input type="checkbox"/> OTHER _____		39. MEMBER'S RESPONSE MEMBER PRESENCE <input checked="" type="checkbox"/> VERBAL COMMANDS <input checked="" type="checkbox"/> ESCORT HOLDS <input checked="" type="checkbox"/> WRISTLOCK <input type="checkbox"/> ARMBAR <input type="checkbox"/> PRESSURE SENSITIVE AREAS <input type="checkbox"/> CONTROL INSTRUMENT <input type="checkbox"/> OC/CHEMICAL WEAPON <input type="checkbox"/> WAUTHORIZATION <input type="checkbox"/> OTHER _____		40. ADDITIONAL INFORMATION OFFENDER'S FIREARM: KHAR CM9 9MM SEMI-AUTO HANDGUN NICKEL FINISH.							
		41. POSITION [REDACTED]		42. STAR NO. [REDACTED]		43. INCIDENT OCCURRED Indoors <input type="checkbox"/> Outdoors <input checked="" type="checkbox"/>		44. LIGHTING CONDITIONS <input type="checkbox"/> 01 Daylight <input type="checkbox"/> 02 Night <input type="checkbox"/> 03 Dawn <input type="checkbox"/> 04 Dusk <input checked="" type="checkbox"/> 05 Poor Artificial <input checked="" type="checkbox"/> 06 Good Artificial		45. WEATHER CONDITIONS CLEAR			
		46. WEAPON TYPE <input checked="" type="checkbox"/> 04 SEMI-AUTO PISTOL <input type="checkbox"/> 01 REVOLVER <input type="checkbox"/> 05 CHEMICAL WEAPON <input type="checkbox"/> 02 RIFLE <input type="checkbox"/> 06 TASER (Probe Discharge) <input type="checkbox"/> 03 SHOTGUN <input type="checkbox"/> 07 OTHER		47. MAKE/MANUFACTURER SPRINGFIELD ARMORY M1A		48. MODEL XD45		49. BARREL LENGTH 5		50. CALIBER/GAUGE 45 CAL			
		51. TASER DART ID NO. US727845		52. WEAPON SERIAL NO. (Include Letters) [REDACTED]		53. CHICAGO GUN REG. NO. R010872S		54. IL FIREARM OWNER ID NO. [REDACTED]		55. HANDGUN CERTIFICATE NO. 3			
56. SPECIAL WEAPON CERTIFICATE NO. [REDACTED]		57. PROPERTY INVENTORY NO. [REDACTED]		58. TYPE OF AMMUNITION USED .45		59. NO. OF WEAPONS DISCHARGED BY THIS MEMBER 1		60. TOTAL NO. OF SHOTS MEMBER FIRED 3					
61. WHO FIRED FIRST SHOT <input type="checkbox"/> 01 MEMBER <input checked="" type="checkbox"/> 02 OFFENDER		62. WAS FIREARM RELOADED DURING INCIDENT <input type="checkbox"/> 01 YES <input checked="" type="checkbox"/> 02 NO		63. NO. OF CARTRIDGES/SHOT SHELLS RELOADED [REDACTED]		64. HOW WAS MEMBER'S HANDGUN WORN <input checked="" type="checkbox"/> 01 RT SIDE (WAIST) <input type="checkbox"/> 02 LT. SIDE (WAIST)		65. DID MEMBER USE SIGHTS <input checked="" type="checkbox"/> 01 YES <input type="checkbox"/> 02 NO					
66. DESCRIBE PROTECTIVE COVER USED (LIGHT POLES, DOORWAYS, CAR, FURNITURE, ETC) N/A		67. DISTANCE BETWEEN INVOLVED MEMBER & OFFENDER WHEN FIRST SHOT WAS FIRED <input type="checkbox"/> 01 0 - 5 FT <input type="checkbox"/> 02 6 - 10 FT <input type="checkbox"/> 03 10 - 15 FT <input checked="" type="checkbox"/> 04 OVER 15 FT		68. PERSON/OBJECT STRUCK AS RESULT OF THE DISCHARGE OF MEMBERS WEAPON <input type="checkbox"/> 01 PERSON <input type="checkbox"/> 02 OBJECT <input type="checkbox"/> 03 BOTH <input type="checkbox"/> 04 UNKNOWN		69. POSITION OF MEMBER DISCHARGING WEAPON <input checked="" type="checkbox"/> 01 STANDING <input type="checkbox"/> 02 LYING DOWN <input type="checkbox"/> 03 SITTING <input type="checkbox"/> 04 KNEELING <input type="checkbox"/> 05 OTHER (SPECIFY)		70. EVENT NO. 1520003326					
71. CASE INFO. NOTIFICATIONS (OC OR TASER INCIDENT): <input type="checkbox"/> OEMC <input type="checkbox"/> DSS & LT./DIST. OF OCCUR. <input type="checkbox"/> CPIC NOTIFICATIONS (FIREARM INCIDENT): <input checked="" type="checkbox"/> OEMC <input checked="" type="checkbox"/> DSS/DIST. OF OCCUR & OCIC <input checked="" type="checkbox"/> CPIC <input checked="" type="checkbox"/> DET. DIV. Members will ensure that all required notifications and all witnesses to this use of force are documented in the appropriate case report.										71. R.D. NO. HY346566			
72. SIGNATURES Reviewing supervisor will ensure the legibility and completeness of this report and attest by entering the required information below.										73. REPORTING MEMBER (Print Name) OROZCO, ABEL 19-JUL-2015 09:03:18			
74. REVIEWING SUPERVISOR (Print Name) OROZCO, ABEL										STAR NO. 1674	SIGNATURE [REDACTED]		
										DATE REVIEWED 19-JUL-2015 09:16:04	TIME 19-JUL-2015 09:16:04		

LOG# 1016204
Attachment 21

LIEUTENANT OR ABOVE/OCIC REVIEW

THE ON-CALL INCIDENT COMMANDER (OCIC) WILL COMPLETE THE REVIEW SECTION FOR 1.) ALL INCIDENTS INVOLVING THE DISCHARGE OF A FIREARM BY A DEPARTMENT MEMBER; 2.) ALL INCIDENTS INVOLVING THE SERIOUS INJURY OR DEATH OF A MEMBER OF THE PUBLIC SUBSEQUENT TO INTERACTIONS WITH A DEPARTMENT MEMBER; 3.) ALL INCIDENTS INVOLVING THE DISCHARGE OF IMPACT MUNITIONS BY A DEPARTMENT MEMBER; 4.) ANY LESSER USE OF FORCE BY A DEPARTMENT MEMBER WHEN THAT USE OF FORCE STEMS FROM THE SAME INCIDENT DESCRIBED HERE IN 1 THROUGH 3.

THE ASSIGNED INVESTIGATING SUPERVISOR THE RANK OF LIEUTENANT OR ABOVE FROM THE DISTRICT OF OCCURRENCE WILL COMPLETE THE REVIEW SECTION FOR ALL OTHER INCIDENTS.

75. SUBJECT'S STATEMENT REGARDING THE USE OF FORCE DNA REFUSED INTERVIEW NOT CONDUCTED (Specify Reason)

Subject sustained multiple gunshot wounds and is in surgery. He cannot be interviewed at this time.

76. LIEUTENANT OR ABOVE/OCIC RATIONALE FOR BOX 77 FINDING

Based on what is known at this time at this stage of the investigation, a preliminary determination has been made that the discharges by Officer Zaya Mikhail #12044 are within department guidelines in that Officer Mikhail, while attempting to question a subject fitting the description of an armed robbery offender, fired his weapon multiple times when the subject removed his gun from his waistband and turned toward Officer Mikhail placing him in fear of being shot. The subject sustained multiple gunshot wounds during this encounter and was placed under arrest after a short foot chase. The offender's weapon was recovered.

77. LIEUTENANT OR ABOVE/OCIC FINDING BASED UPON CURRENTLY AVAILABLE INFORMATION:

I HAVE CONCLUDED THAT THE MEMBER'S ACTIONS WERE IN COMPLIANCE WITH DEPARTMENT PROCEDURES AND DIRECTIVES

I HAVE CONCLUDED THAT FURTHER INVESTIGATION IS REQUIRED

LOG NO/CRNO 1076204 OBTAINED

78. LIEUTENANT OR ABOVE/OCIC (Print Name)

VELEZ, CARLOS E

SIGNATURE

DATE COMPLETED

TIME

19-JUL-2015 09:40:12

79. TOTAL TRR's THIS EVENT No.

2

LOG# 1076204

Attach# 21